PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/589,500
Filing Date	June 7, 2000
First Named Inventor	Yechiam YEMINI
Art Unit	2131
Examiner Name	Christian A. LaForgia
Attorney Docket Number	19240-232

ENCLOSURES (Check all that apply)							
x Fee Transr	nittal Form	Drawing(s)			After Allowance Communication to TC		
Fee /	Attached	Licensing-relate	ed Papers		Appeal Communication to Board of Appeals and Interferences		
X Amendmer	nt/Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After	Final	Petition to Conv Provisional App			Proprietary Information		
Affida	avits/declaration(s)	Power of Attorne Change of Corre	y, Revocation spondence Address		Status Letter		
X Extension of Time Request Termin		Terminal Discla	imer		X Other Enclosure(s) (please Identify below):		
Express Abandonment Request		Request for Refund			Return Receipt Postcard		
Information	n Disclosure Statement	CD, Number of	CD(s)				
Certified Control Document(opy of Priority (s)	Landscap	e Table on CD				
	issing Parts/ Application	Remarks	*				
	y to Missing Parts under FR 1.52 or 1.53						
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Name WILMER CUTLER PICKERING HALE AND DORR LLP						
Signature	Leonge	L. Ka	nalo				
Printed name	George L. Kanabe	7					
Date	July 13, 2005		Reg. N	0.	51,858		

				 	
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Complete if Known

Date

July 13, 2005

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PTO/SB/17 (12-04v2)
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Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number** 09/589,500 June 7, 2000 TRANSMITTAL Filing Date First Named Inventor Yechiam YEMINI For FY 2005 Christian A. LaForgia **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2131 19240-232 TOTAL AMOUNT OF PAYMENT 510.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): Check Credit Card Money Order None Deposit Account Number: 08-0219 Deposit Account Name Wilmer Cutler Pickering Hale and Dorr LLP Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 250 600 Reissue 150 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Extra Claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Fee Paid (\$) Fee (\$) Extra Claims Fee Paid (\$) Indep. Claims 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1253 Extension for response within third month 510.00 SUBMITTED BY Registration No. (Attorney/Agent) Signature 51,858 Telephone (212) 230-8800 Name (Print/Type) George L. Kanabe

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